

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only)
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE
 b. COUNTY
 c. CITY OR TOWN
 d. STREET ADDRESS

Inside Limits
 Yes No

Reside on Farm
 Yes No

3. NAME OF DECEASED (Type or print)
 First Middle Last
 Charles Ray Latchison

4. DATE OF DEATH
 Month Day Year
 Sept. 30 1960

5. SEX
 Female

6. COLOR OR RACE
 Negro

7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH
 6/2/59

9. AGE (last birthday)
 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 None

10b. KIND OF BUSINESS OR INDUSTRY
 None

11. BIRTHPLACE (City and state or country)
 Monroe, Louisiana

12. CITIZEN OF WHAT COUNTRY
 U. S. A.

13a. FATHER'S NAME
 Sam Latchison

13b. MOTHER'S MAIDEN NAME
 Nancy Ratliff

14. NAME OF HUSBAND OR WIFE
 None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unknown) (If yes, give war or dates of service)
 No

16. SOCIAL SECURITY NO.
 None

17. INFORMANT
 Mrs. Nancy Latchison 5535 Clemens

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Quercus involving 95% of Body Surface.*
 DUE TO (b) _____
 DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
 916.0 16

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
 YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
Shipped in fire at home at 5535 Clemens Avenue.

20c. TIME OF INJURY
 Hour: 129 p.m. Month, Day, Year: 9 30 60
on September 30th 1960, at about 129 p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., office bldg., etc.)
 05 Home

20f. CITY, TOWN, OR LOCATION
 St Louis Mo.

21. I attended the deceased from _____ and last saw him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decedent or title)
Paul Simon

22b. ADDRESS
 1300 Clark

22c. DATE SIGNED
 10/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
 Remove

23b. DATE
 10-3-1960

23c. NAME OF CEMETERY OR CREMATORY
 Father Dickson Cametary

23d. LOCATION (City, town, or county) (State)
 St. Louis County, Mo.

24. FUNERAL DIRECTOR
 Glenn & Walker 4319 Dalmar Blvd.

25. DATE RECD. BY LOCAL REG.
 OCT 3 1960

26. REGISTRAR'S SIGNATURE
 Loan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walker - Glenn
J. C. Spain

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.